



Western Regional Medical Command  
Inspector General

Inspection of Facilities Used to House  
Warriors in Transition

Inspection Period: 15 September – 23 October 2009  
Report Prepared: 4 November 2009



## Table of Contents

<b>EXECUTIVE SUMMARY .....</b>	<b>2</b>
<b>CHAPTER 1 OBJECTIVES AND METHODOLOGY .....</b>	<b>4</b>
<b>CHAPTER 2 GOOD NEWS .....</b>	<b>6</b>
<b>CHAPTER 3 FINDINGS AND OBSERVATIONS .....</b>	<b>7</b>
<b>APPENDIX 1 DIRECTIVE .....</b>	<b>8</b>
<b>APPENDIX 2 DETAILED STANDARDS LIST .....</b>	<b>11</b>
<b>APPENDIX 3 ACRONYM LIST .....</b>	<b>19</b>
<b>APPENDIX 4 REFERENCES.....</b>	<b>20</b>



## Executive Summary

1. Background. On 18 September 2007, the Deputy Secretary of Defense (DEPSECDEF) promulgated standards for facilities housing Warriors in Transition (WTs) who are receiving outpatient medical care. These standards focus in the areas of assignment, baseline accommodations, and special medical requirements. On 28 January 2008, Public Law 110-181, Sec 1662 was enacted requiring Regional Medical Command (RMC) Inspectors General (IGs) to conduct semi-annual inspections of all WT housing semi-annually for the first two years and annually thereafter; to submit a report on each facility inspected to the post commander, the Secretary of the military department concerned, the Assistant Secretary of Defense for Health Affairs, and the congressional defense committees; and to post the final inspection report on their respective Internet website. To facilitate the conduct of the inspections, Headquarters, Department of the Army, issued guidance via ALARACT 162/2008 on 3 July 08 to all army activities. This message directed US Army Medical Command (MEDCOM) RMC IGs, in coordination with Installation Management Command (IMCOM), to oversee the inspection effort. It also provided RMC IGs authorization to task staff members and IGs assigned to senior commanders and IMCOM as well as "unlimited access to army activities, organizations, and all information sources necessary to complete the inspection". On 25 August 2009, the Commanding General, USA Medical Command directed Commanders of Regional Medical Commands to issue a directive to their IGs to conduct the "Special inspection of Facilities used to House Recovering Service Members. On 5 August 2009, the acting WRMC Commander issued the directive to the WRMC IG to conduct the "Special inspection of Facilities used to House Recovering Service Members.

2. Purpose. To assess the condition and adequacy of facilities used to house recovering service members assigned to Warrior Transition Units (WTU).

3. Concept. The inspection team conducted the required inspections of all military housing for assigned WTs personnel (excluding the cadre), analyzed the findings, and compiled the results and presented the results at the exit-brief. The basic inspection approach follows:

a. In-brief. The inspection team met with the Senior Command (SC), MTF, Garrison, and WTU commanders and other pertinent staff, as necessary, to provide an overview of the inspection itinerary.

b. Inspection. Consent from the occupant and the housing management/partner was required based on the type of housing the WT occupies. Consent was required for all DoD leased housing or lodging on the community. Consent was also required for all privatized family housing or lodging. Consent was not required for all DoD owned military family housing, DoD owned unaccompanied personnel housing (i.e. barracks), or DoD owned lodging.

[REDACTED]

(1) Conducted inspections of all assigned WT housing to determine compliance with Memorandum, Deputy Secretary of Defense, 18 Sep 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel. The inspection included:

- (a) DoD owned military family housing (consent NOT required).
- (b) DoD owned unaccompanied personnel housing (i.e. barracks) (consent NOT required).
- (c) DoD leased / contracted housing or lodging on the community (e.g. Super 8) (consent was required).
- (d) DoD /NAF owned lodging (e.g. Fort Lewis Lodge, Rainier Inn) (consent NOT required).
- (e) Privatized Family housing or lodging (consent was required).

(2) This inspection did not include privately owned or rented housing. This inspection did not include housing occupied by WTU cadre members.

c. Interview. Interviewed select personnel, such as the WT occupant if available, to help refine inspection findings and the root cause of any deficiencies.

d. Exit-brief. The inspection team provided out-briefs to the senior mission, MTF, Garrison, and WTU commanders.

4. Objective. Determine if facilities used to house Warriors in Transition are in compliance with Memorandum, Deputy Secretary of Defense, 18 September 2007, subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.

5. Summary of Findings, Observations, and Recommendations. A total of 368 residences were inspected from 15 September to 23 October 2009. All rooms and residences that were inspected met the standards. The need for some minor maintenance repairs was found, and those deficiencies were reported to the appropriate maintenance office for resolution. It was evident that the WTU leadership across the region remained engaged and committed to improving the quality of life for their Soldiers and their Families.

Recommend the WTB leadership continue to inspect the residences on a regular basis. Also, provide contact numbers and training if necessary for requesting routine maintenance during town hall meetings and other events.



## Chapter 1 Objectives and Methodology

1. Objective. Determine if facilities used to house Warriors in Transition are in compliance with Memorandum, Deputy Secretary of Defense, 18 September 2007, subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.

2. Inspection Team. The inspection team consisted of an Inspector General, WTU cadre member, and representative from the garrison's Department of Public Works (DPW).

3. Methodology.

a. Observation: The inspection teams inspected the following types of Warriors in Transition occupied facilities: DoD Owned Unaccompanied Personnel Housing, DoD Leased or Contracted Housing or Lodging, DoD/NAF Owned Lodging, DoD Owned Family Housing, and Privatized Family Housing. Assessment of Privatized Family Housing was conducted with the consent of occupant and privatized housing management.

b. Interviews. The inspection teams conducted interviews with occupants, either Soldiers or their family members, whenever possible to help identify any issues or deficiencies with their residence.

4. Locations Inspected:

- a. Fort Lewis, WA
- b. Fort Irwin, CA
- c. Fort Wainwright, AK
- d. Fort Richardson, AK

5. Findings/Observation Format.

a. Where a published standard, policy, law or regulation was violated, met, or exceeded, a finding statement was developed and is addressed in the following format:

Finding statement  
Standard(s)  
Root Cause  
Discussion  
Recommendation



b. Where there was no violation of a published standard, policy, law, or regulation, but an observation was made to improve current operations, an Observation Statement was developed and is addressed in the following format:

Observation statement  
Standard(s), if applicable  
Discussion  
Recommendation

6. In the report, quantitative terms, such as “few, some, majority, most, and all” are used to describe percentile ranges linked to specific findings or observations. These terms are defined as follows:

Few	1-25%
Some	26-50%
Majority	51-75%
Most	76-99%
All	100%





## Chapter 2 Good News

1. The WTU leadership across the region remained engaged and committed to improving the quality of life for all WTs. The recommendations made from the previous inspection were accepted by the WTU leadership resulting in noticeable improvements. Garrison commanders were also very supportive in implementing recommendations made from previous inspections. For example, window screens were added to unaccompanied DoD owned unaccompanied personnel housing (i.e. barracks). As a result, flying insects and other pests were kept outside while the WTs could open the windows and help ventilate their rooms. Also, only a few rooms had minor carpet stains. One WTB had recently acquired additional carpet cleaners for individual use as needed or requested.
2. Maintenance requests for privatized on-post housing were addressed in a timely manner.



### Chapter 3 Findings and Observations

**Objective:** Determine if facilities used to house Warriors in Transition are in compliance with Memorandum, Deputy Secretary of Defense, 18 September 2007, subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.

**Finding 1.1:** All inspected rooms and residences met the standards.

**Standard:** Memorandum, Deputy Secretary of Defense, 18 Sep 07, subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel

**Root Cause(s):** Not Applicable.

**Discussion:** Not Applicable.

**Recommendation(s):** Not Applicable.

**Observation 1.1:** A few residences required routine maintenance requests.

**Standard:** Not Applicable.

**Discussion:** Of the few residences that required routine maintenance requests, none of them were egregious or violated the standard. In some cases the occupants elected not to call in maintenance requests for various reasons.

**Recommendation(s):** WTU leadership routinely ask each WT to determine if there were any housing maintenance concerns and then assist to address those concerns as appropriate. The WTU Town Hall meetings are an excellent opportunity to address these issues.



## Appendix 1 Directive



REPLY TO  
ATTENTION OF

MCHJ-IG

DEPARTMENT OF THE ARMY  
WESTERN REGIONAL MEDICAL COMMAND  
MADIGAN ARMY MEDICAL CENTER  
TACOMA, WASHINGTON 98431-1100

5 August 2009

### MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Directive for the Inspection of Facilities Used to House Warriors in Transition

#### 1. References:

- a. Memorandum, Deputy Secretary of Defense, 18 Sep 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel
- b. National Defense Authorization Act (NDAA), Public Law 110-181, Sec 1662, 28 Jan 08, Subject: Access of Recovering Service Members to Adequate Outpatient Residential Facilities
- c. ALARACT 162/2008, 3 July 08, Subject: Inspection of Military Facilities Used to House Recovering Service Members Assigned to Army Warrior Transition Units
- d. MEDCOM Directive, 6 Apr 09, Subject: Directive for the Inspection of Facilities Used to House Warriors in Transition

2. Purpose. To provide guidance regarding the conduct of the fourth semiannual inspection of Warriors in Transition (WT) housing directed by references 1b and 1d.

3. Background. The National Defense Authorization Act (NDAA), Public Law 110-181 (reference 1b) requires the Service Inspector Generals (IG) to inspect all quarters and housing facilities under the jurisdiction of the Armed Forces which are occupied by recovering service members on a semiannual basis for the first two years after the enactment of this Act and annually thereafter.

4. The Western Regional Medical Command (WRMC) Command IG, in coordination with Installation Command IG Offices, is directed to:

- a. Conduct an inspection of facilities used to house Warriors in Transition assigned to Warrior Transition Units (WTUs) within their command. This inspection will conclude no later than 1 October 2009.

[REDACTED]

MCHJ-IG

SUBJECT: Directive for the Inspection of Facilities Used to House Warriors in Transition

b. Coordinate the inspection effort with Installation Command IGs and local Installation Management Command (IMCOM) representatives.

c. Out-brief the WTU, MTF, Garrison, and Installation Commanders of the inspected facility.

d. Submit an update to the WRMC IG Office NLT 7 October 2009. This update will include any finding/observation statements and inspection results, the period of the inspection, and a list of facilities inspected.

e. Submit a final report to the WRMC IG Office NLT 26 October 2009 that includes all corrective actions taken to resolve each finding.

5. Inspected facilities include:

a. DoD owned military family housing.

b. DoD owned unaccompanied personnel housing (i.e. barracks).

c. DoD leased or contracted housing or lodging on the community (e.g. Super 8 Hotel).

d. DoD/NAF owned lodging (e.g. Rainier Inn on post).

e. Privatized Family housing or lodging.

6. Inspection of privatized housing and lodging containing WT personnel shall be accomplished only with consent of the occupant and the project partner or owner. This inspection does not include privately owned or rented housing.

7. The assessment will focus on the following objective: Determine if facilities used to house WTs are in compliance with reference 1a (Memorandum, Deputy Secretary of Defense, 18 September 2007, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel).

8. In accordance with reference 1d, the WRMC Command IG is authorized to task staff members and IGs assigned to Installation Commanders and Installation Management Command (IMCOM). Additionally, the WRMC Command IG is authorized unlimited access to Army activities, organizations, and all information sources required to accomplish these inspections.

[REDACTED]

MCHJ IG

SUBJECT: Directive for the Inspection of Facilities Used to House Warriors in Transition

9. Points of contact are COL Patricia LeRoux, WRMC Command Inspector General, at [patricia.leroux@amedd.army.mil](mailto:patricia.leroux@amedd.army.mil) or Mr. Timothy Todaro, Deputy IG, at [timothy.todaro@amedd.army.mil](mailto:timothy.todaro@amedd.army.mil), commercial (253) 968-2155 or DSN 782-2155.

[REDACTED]

4 Encls

Memo, DEPSECDEF, 18 Sep 07

Public Law 110-181, 28 Jan 08

ALARACT 162/2008, 3 Jul 08

MEDCOM Directive, 6 Apr 09

DISTRIBUTION:

Commander, Madigan Army Medical Center, Fort Lewis

Commander, Bassett Army Community Hospital, Fort Wainwright

Commander, Weed Army Community Hospital, Fort Irwin

Commander, Garrison, Fort Lewis

Commander, WTB, Fort Lewis

Commander, WTB, Fort Richardson

Commander, WTU, Fort Irwin

Commander, WTU, Fort Wainwright

Inspector General Office, Fort Lewis

Inspector General Office, Fort Irwin

Inspector General Office, Fort Richardson

Inspector General Office, Fort Wainwright

[REDACTED]

## Appendix 2 Detailed Standards List



DEPUTY SECRETARY OF DEFENSE  
1010 DEFENSE PENTAGON  
WASHINGTON, DC 20301-1010

SA  
SEP 18 2007

MEMORANDUM FOR SECRETARIES OF THE MILITARY DEPARTMENTS ✓  
UNDER SECRETARY OF DEFENSE FOR PERSONNEL  
AND READINESS  
UNDER SECRETARY OF DEFENSE FOR  
ACQUISITION, TECHNOLOGY AND LOGISTICS  
ASSISTANT SECRETARY OF DEFENSE FOR HEALTH  
AFFAIRS

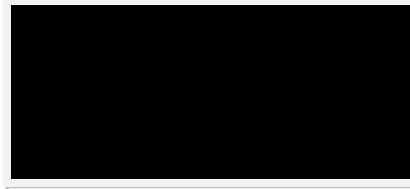
SUBJECT: DoD Housing Inspection Standards for Medical Hold and Holdover  
Personnel

The Wounded, Ill and Injured Senior Oversight Committee (WII-SOC), a joint  
DoD/DVA committee, met and approved the following policy changes on August 28,  
2007.

Effective immediately, the Military Services will provide housing for medical hold  
and holdover personnel in accordance with the attached standards. These standards  
address baseline accommodations and special features and services that may be required  
depending on a member's medical condition and treatment plan.

The Secretaries of the Military Departments are directed to use these standards for  
conducting the inspections required by section 3307 of the U.S. Troop Readiness,  
Veterans' Care, Katrina Recovery, and Iraq Accountability Appropriations Act, 2007  
(Public Law 110-28), and to report inspection findings to the Under Secretary of Defense  
for Personnel and Readiness not later than October 31, 2007.

Timely implementation of these standards is a top Department priority.



Attachment:  
As stated

70912971



[REDACTED]

## HOUSING INSPECTION STANDARDS FOR MEDICAL HOLD AND HOLDOVER PERSONNEL

### 1. PURPOSE

These standards shall be used as a basis for evaluating the adequacy of facilities that house medical hold and holdover personnel.

### 2. GENERAL

In general, medical hold and holdover personnel receiving outpatient medical treatment (hereafter referred to as MH personnel or MH members) shall be assigned or referred to housing that exceeds or meets the applicable quality standards and is appropriate for their medical condition, expected duration of treatment, dependency status (including authorization of a non-medical attendant), and pay grade. The particular housing and associated amenities/services provided shall be an integral part of their medical treatment plan as determined by the primary care physician, patient, and chain of command. Note that some MH personnel with serious medical conditions are authorized non-medical attendants at the discretion of their primary care physician to assist in their recovery and rehabilitation. Non-medical attendants can include the member's parent, guardian, or another adult (18 or over).

### 3. APPLICABILITY

These standards address baseline accommodations, and any special medically needed facility features and services. Standards and guidance are also provided for associated furnishings, amenities, operations/services, and maintenance that are critical to well being and morale.

These standards apply to the following types of housing when occupied by MH personnel:

- DoD-owned family housing (FH)
- DoD-owned unaccompanied personnel housing (UPH)
- Lodging owned by DoD, whether supported by appropriated funds or a non-appropriated funded instrumentality (NAFI). Lodging types include temporary duty (TDY) lodging, permanent change of station (PCS) lodging, recreational lodging, and military treatment facilities (MTF) lodging, e.g., Fisher Houses.
- Lease/contracted housing and lodging, to the maximum extent permitted by the associated agreement.
- Privatized housing and lodging, to the maximum extent permitted by the associated agreement.

Note these standards do not apply to a service member's privately-owned home, or a rented home in the community (not privatized) that a service member obtains on his or her own.

#### **4. PRIORITY FOR SERIOUS MEDICAL CONDITIONS AS A DIRECT RESULT OF ARMED CONFLICT**

It is fitting that medical hold personnel who have "serious physical disabilities"<sup>1</sup> or that are the "direct result of armed conflict"<sup>2</sup> have priority for housing and certain services. While the minimum housing standards are the same for all medical hold personnel, DoD has a special obligation to provide the best for seriously Wounded Warriors. Examples where priority should be considered include: housing waiting lists, furnishings and electronic equipment, parking spaces, time to respond to maintenance requests, etc. Furthermore, the housing status of these seriously Wounded Warriors should be monitored at the Service HQ level.

#### **5. RESPONSIBILITIES**

The chain of command shall be responsible, in consultation with the patient and the patient's medical support team and case managers, to validate that every MH member is adequately housed in accordance with these standards. Before a MH member is assigned/referred to housing (e.g., before transitioning from inpatient to outpatient status), the case manager shall provide consultation to the chain of command to ensure that the intended patient housing meets any special medical needs. If an assigned/referred housing unit for a member does not meet all the applicable standards in this document, the installation or garrison commander shall document the reasons why the standards were not met (authority can be delegated), and the respective Military Service headquarters must be notified no later than one week after the MH member takes occupancy.

<sup>1</sup> For purposes of this provision, "serious physical disability" means: (a) any physiological disorder or condition or anatomical loss affecting one or more body systems which has lasted, or with reasonable certainty is expected to last, for a minimum period of 12 contiguous months, and which precludes the person with the disorder, condition or anatomical loss from unaided performance of at least one of the following major life activities: breathing, cognition, hearing, seeing, and age appropriate ability essential to bathing, dressing, eating, grooming, speaking, stair use, toilet use, transferring, and walking; or (b) serious psychological disabilities, such as post-traumatic stress disorder. (This definition is based primarily on 32 C.F.R. 199.2, the regulations for the CHAMPUS/TRICARE program.)

<sup>2</sup> For purposes of this provision, "direct result of armed conflict" means there was a definite causal relationship between the armed conflict and the resulting unfitting disability. The fact that a member may have incurred a disability during a period of war or in an area of armed conflict, or while participating in combat operations is not sufficient to support this finding. Armed conflict includes a war, expedition, occupation of an area or territory, battle, skirmish, raid, invasion, rebellion, insurrection, guerrilla action, riot, or any other action in which Service members are engaged with a hostile or belligerent nation, faction, force, or terrorists. Armed conflict may also include such situations as incidents involving a member while interned as a prisoner of war or while detained against his or her will in custody of a hostile or belligerent force or while escaping or attempting to escape from such confinement, prisoner of war, or detained status. (This definition is based on DoD 1332.38, Physical Disability Evaluation, paragraphs E3.P5.2.2.1 and E3.P5.1.2.)

## **6. ASSIGNMENT**

As a general rule, unless dictated otherwise by special medical requirements, MH personnel shall be assigned/referred to housing that exceeds or meets the applicable quality standards and that: (a) is appropriate for their expected duration of their treatment, (b) supports a non-medical attendant, if authorized, (c) supports accompaniment by their dependents when desired and not incompatible with their treatment, and (d) is appropriate for their pay grade (e.g., configuration and size). Note that from a housing assignment/referral perspective, an authorized non-medical attendant shall be treated like a dependant, e.g., if no other acceptable accommodations are available, a single MH member with an authorized non-medical attendant shall be eligible for temporary assignment to family housing.

For example, MH personnel (whether single or married) with an authorized non-medical attendant and facing a long rehabilitation period should not be housed in a one-room lodging unit, but instead be provided with a lodging unit with a minimum of two bedrooms with a kitchen and living room (e.g., PCS lodging), or family housing (DoD-owned or privatized). When eligible for DoD-owned housing, MH personnel shall be included as part of "Priority -", as defined by DoDD 4165.63M, DoD Housing Management Manual. This referral priority should also apply to privatized or long-term leased (e.g., section 801) housing or lodging provided the referral is consistent with the privatized project's operating agreement.

If appropriate housing is not available on the installation on which the member is receiving care, or at nearby military installations, and the service member does not reside in a privately-owned or rented home, MH personnel should be housed off the installation in private sector accommodations that are appropriate for their expected duration of treatment, dependency status (at their treatment location), and pay grade - unless dictated otherwise by special medical requirements.

## **7. BASELINE STANDARDS**

### **Condition**

All MH personnel housing must be in good overall condition with no major problems with any of the building systems, i.e., all are working properly and not at risk of imminent failure or malfunction. Building systems include but are not limited to roof, exterior walls, foundation, doors and windows, interior finishes, plumbing, lighting, electrical, life and fire safety, and heating-ventilating-and air-conditioning (HVAC). It is important that MH personnel be able to adequately control the temperature in their housing units. There shall be no mold, exposed lead-based paint, unsealed asbestos, inadequate air circulation, or any other environmental/safety/health hazard.

### **Kitchens**

Kitchens are an important quality of life feature for MH personnel who face long rehabilitation periods, especially those with authorized non-medical attendants. Accordingly, kitchens shall be provided that exceed or meet existing applicable standards for the type of accommodations provided (unaccompanied housing, lodging, or family housing).



#### Laundry Facilities

Laundry facilities shall be provided as defined by the type of housing (unaccompanied personnel housing, lodging, or family housing), or as applicable based on medical condition. If an assigned/referred housing unit only has laundry equipment hook-ups, a residential-quality clothes washer and a dryer should be provided as loaned furnishings.

#### Furnishings

Provide loaned furnishings as appropriate.

#### Electronic Equipment

Generally, a television with cable/satellite service, Internet service, and a telephone with local service shall be provided in each MH member's housing unit. If a MH member is unable to bring their personal electronic equipment to their assigned/referred housing, and they face a long rehabilitation period, efforts should be made to provide additional electronic devices such as a VCR/DVD player, stereo, computer with printer, and video game player. If the internet service is hard-wired, consideration should also be given to providing WIFI and a laptop computer.

#### Housekeeping and Pest Management

MH personnel housing shall be kept free of pests and litter, and trash containers shall be emptied on an appropriate cycle.

#### Landscaping, Grounds Maintenance, and Parking

Parking areas, turf, and grounds shall be well-maintained, attractive and litter-free. The number of parking spaces shall be adequate to support expected occupancy. Snow and ice shall be removed promptly from walkways and parking areas to ensure safety and prevent injuries.

#### Physical Security

MH member accommodations shall be provided with appropriate physical security measures, including required lighting levels inside and outside (parking and walkways).

#### Building Maintenance and Housekeeping Requests

An effective preventative maintenance program shall be in place for MH personnel housing. Also, installations shall have a mechanism where MH personnel can request building maintenance and housekeeping services.

### **8. SPECIAL MEDICAL REQUIREMENTS**

Many MH members will have certain medical conditions that result in various functional limitations. For these members, it is essential that special accommodations and services be provided as an integral part of their medical treatment plan as determined by the primary care physician, patient, and chain of command. Some of these limitations will be permanent, but many others will change during recovery and rehabilitation, which may eliminate the need for certain special accommodations or services.





#### Accessibility

For members who have accessibility requirements, accommodations must, at a minimum, comply with the most current standards issued by the Department of Defense under the Architectural Barriers Act of 1968, as amended. Note that accessibility also applies to the route and distance (e.g., walkways, ramps, parking) that a MH member must travel from their housing accommodations to reach their medical treatment center, dining facility, or other support services. For all other MH member accommodations, consideration should be given to incorporating "universal design" principles (e.g., lever type door handles in lieu of knobs).

#### Cognition

When required, MH member accommodations shall address the range of cognitive limitations that result from conditions such as Traumatic Brain Injury (TBI), Post Traumatic Stress Disorder (PTSD), and stroke. For example, sometimes complex geometric patterns on rugs, linens, or flooring can cause disorientation in these patients. Flooring and carpet with a subtle texture or pattern often helps with depth perception.

#### Visual and Auditory

Necessary features for visually and auditorily impaired MH personnel shall be provided in accordance with the DoD standards.

#### Burns

MH personnel recovering from serious burns or nerve/neurological injuries are very sensitive to hot water, so consideration shall be given to installing special devices to regulate the water temperature.

#### Other Physical Limitations

Standard accessibility guidelines generally are adequate for ambulatory impaired MH personnel except in special cases such as when they are in a wheelchair with one or both legs in an extended position. In this case, normal wheelchair clearances and turning circles may be inadequate. Even with the loss of both legs, MH personnel can be fully ambulatory with their prostheses, but still need accessible accommodations when they are in a wheelchair (such as when they have to use the bathroom at night).

For physically impaired MH personnel, bathrooms are the major source of concern. Suggestions for improvement include doors that open to the outside, additional clearance for wheelchairs, and longer hoses on shower nozzles. For MH personnel with loss of or injury to arms and hands, accommodations shall be provided with either a bidet bowl or an electrically powered 'add-on bidet' that replaces a normal toilet seat to rinse the peritoneal area.

#### Housekeeping

if a MH member without a non-medical attendant would have difficulty with basic housekeeping, it may be necessary to assign them to housing where these services are included with the accommodations, such as lodging, or to provide the required services for their housing unit such as by contract. Provide disposal of bio-hazard waste as required.



#### Laundry Services and Equipment

Special laundry service may also have to be provided for MH personnel who have a medical condition that requires their linens, towels, and clothing to be disinfected. In accessible units with a laundry, the clothes washer and dryer should be accessible from a wheelchair.

#### Kitchens and Food service

For certain medical conditions, a kitchen or kitchenette may be prescribed, either in the unit or located within the same building. On the other hand, there could be special dietary requirements that would be most effectively handled by a hospital or installation dining facility. Note that ranges and cook tops in accessible units shall have control knobs on the front for easy wheelchair access.

#### Furnishings

Accessible rooms need to have accessible furnishings, such as computer desks and higher beds.

#### Parking

MH personnel with mobility impairments shall have first priority in assignment and use of all parking spaces under the control of the facility, beginning with those spaces closest to the entrances and exits used by MH personnel. The next level of priority shall be extended to individuals who transport MH personnel with these types of disabilities. If possible, spaces shall be provided for pickup and drop-off in addition to daily and overnight use. The number of spaces shall be adequate to support the expected occupancy, including the required number of accessible spaces. Additional spaces shall be provided on an expedited basis to meet unforeseen needs.

#### Proximity to Outpatient Treatment Center and Other Services

MH personnel may require housing in close proximity to a medical treatment facility for reasons related to their disabilities or medical conditions. For example, there may be a substantial risk of unanticipated urgent medical situations that require prompt attention by caregivers, or the frequency and duration of routine medical treatment may dictate the need for housing nearby. Transportation must be provided for MH personnel who do not have their own means of transport (e.g., transportation by a non-medical attendant with a POV) and who are not housed adjacent to their outpatient medical treatment facilities (whether on or off the installation). This transportation must be adequate to ensure timely access to treatment, dining facilities, and other important support facilities such as exchanges and commissaries.

### 9. INSPECTIONS

The Military Services shall conduct periodic inspections of MH personnel housing in accordance with these standards, at least on an annual basis. Inspections of privatized housing and lodging containing MH personnel shall be accomplished only with prior coordination with the project partner or owner. In the event a deficiency is identified, the commander of such facility shall submit to the Secretary of the Military Department a detailed plan to correct the deficiency; and the commander shall reinspect such facility not less often than once every 180 days until the deficiency is corrected.



#### **10. FEEDBACK AND UPDATES**

The Military Services shall implement periodic and comprehensive follow-up programs using surveys, one-on-one interviews, focus groups, and town-hall meetings to learn how to improve MH personnel housing and related amenities/services. Such feed back should be solicited from the MH members, their families and friends, care-givers, chain of command, and housing owners/operators. Summaries of the feedback with resulting changes should be provided on a periodic basis to OSD, in conjunction with any other reporting requirements.

#### **11. IMPLEMENTATION**

The Military Departments have the authority to issue supplemental instructions to provide for unique requirements within their respective organizations provided they conform to the basic policy guidance in this document.





### Appendix 3 Acronym List

WT	Warrior in Transition
WTU	Warrior Transition Unit
DPW	Department of Public Works
IG	Inspector General



## **Appendix 4 References**

ALARACT 295/2008, 9 December 08, subject: MOD 1 to ALARACT 162/2008

ALARACT 162/2008, 3 July 2008, subject: Inspection of Armed Forces Facilities Used to House Recovering Service Members Assigned to Army Warrior Transition Units

Army Regulation 420-1, Army Facilities Management, 12 February 2008

National Defense Authorization Act (NDAA), Public Law 110-181, Sec 1662, 28 January 2008, subject: Access of Recovering Service Members to Adequate Outpatient Residential Facilities

Memorandum, Deputy Secretary of Defense, 18 September 2007, subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel

Memorandum, Deputy Chief of Staff, G-1, HQDA, 18 June 2007, subject: Housing Prioritization for Warriors in Transition